

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 7 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43146

Registration District No. 1155

Primary Registration District No. 6061

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Illinois
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Theresa Martin

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug. (Month)

27 (Day) 1894 (Year)

8. AGE:

Years

Months

Days

If less than one day

67

3

13

hr. min.

9. Birthplace

Reigeltine (City, town, or county)

Germany (State or foreign country)

10. Usual occupation

Baker

11. Industry or business

Bakery

MOTHER FATHER

12. Name Maurus Martin

13. Birthplace Reigeltine Germany

14. Maiden name Josephine Becker

15. Birthplace Reigeltine Germany

16. (a) Informant

A. J. Martin

(b) Address

Sarnfelt Mo.

17. (a)

Burial

(b) Date thereof

12 12 1941

(c) Place: burial or cremation

Lightview Illinois Mo.

18. (a) Signature of funeral director

Josephine Becker

(b) Address

Illinois Mo.

19. (a)

12/12/41

(b)

S. J. Danner

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott
(c) City or town Illinois
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1941 hour 4-45 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 10, 1941, to Dec. 10, 1941, that I last saw him alive on Dec. 10, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death.

Coronary Hemorrhage
Due to Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature S. J. Danner (M. D. or other)

Address Illinois Mo. Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

129 (Licensed Embalmer's Statement on Reverse Side)

13-12-41

RECEIVED

District Health Office No. 2

District File Number 142-12

Date Filed 1-6-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.